

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>10/522147</u>	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing	<u>1</u>	<u>1/24/05</u>	\$ <u>150</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

	7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$ <u>150</u></div>
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10 REASON:	8 TO BE REFUNDED BY:
<input checked="" type="checkbox"/> Overpayment	<input type="checkbox"/> Treasury Check
<input type="checkbox"/> Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:
<input type="checkbox"/> No Fee Due (Explanation):	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 <u>0</u> <u>6</u> -- <u>0</u> <u>9</u> <u>1</u> <u>6</u> </div>

11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: <u>A Johnson</u> SIGNATURE: <u>A Johnson</u> OFFICE: <u>PCT</u>	TITLE: <u>paralegal</u> PHONE: <u>308-9040</u>

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____ **DATE:** _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**